

SOLICITATION, OFFER AND AWARD					PAGE OF PAGES 1 1				
1. CONTRACT NO.		2. SOLICITATION NUMBER DTFAWA-07-R-00006		3. SOLICITATION TYPE <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED BID (RFP)		4. DATE ISSUED		5. REQUISITION/PURCHASE NUMBER	
6. ISSUED BY FAA AWA 800 Independence Avenue, S.W. Washington DC 20591			CODE AWA		7. ADDRESS OFFER TO (If other than Item 6)				

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder"

SOLICITATION							
8. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 7, or if hand carried, in the depository located in _____ until 1700 E.T (Hour) local time _____ (Date)							
CAUTION: LATE Submissions, Modifications and Withdrawals. All offers are subject to all terms and conditions contained in this solicitation.							
9. FOR INFORMATION CALL		A. NAME Viola Underdue-Mitchell		B. TELEPHONE (NO COLLECT CALLS) AREA CODE 202 NUMBER 267-7529 EXT.		C. E-MAIL ADDRESS Viola.Mitchell@faa.gov	

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OFFER (Must be fully completed by offeror)					
NOTE: Item 11 does not apply if the solicitation includes Minimum Bid Acceptance Period.					
11. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.					
12. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS (%)	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
13. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):		AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

14A. NAME AND ADDRESS OF OFFEROR		CODE	FACILITY	15. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)			
14B. TELEPHONE NUMBER		14C. CHECK IF REMITTANCE ADDRESS <input type="checkbox"/> IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.		16. SIGNATURE		17. OFFER DATE	
AREA CODE	NUMBER	EXT.					

AWARD (To be completed by CONTRACT AUTHORITY)							
18. ACCEPTED AS TO ITEMS NUMBERED		19. AMOUNT		20. ACCOUNTING AND APPROPRIATION			
21. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION:				22. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)		ITEM	
23. ADMINISTERED BY (If other than Item 6)				24. PAYMENT WILL BE MADE BY		CODE	
25. NAME OF CONTRACTING OFFICER (Type or print)				26. CONTRACT AUTHORITY (Signature of Contracting Officer)		27. AWARD DATE	

IMPORTANT - Award will be made on this Form, or by other authorized official written notice.